

KENTUCKY BOARD OF LICENSURE OF MARRIAGE AND FAMILY THERAPISTS
PO BOX 1360
FRANKFORT, KY 40602
(502) 564-3296, Extension 239

APPLICATION

- ☐ **LICENSURE AS A MARRIAGE AND FAMILY THERAPIST**
☐ **MARRIAGE AND FAMILY THERAPIST ASSOCIATE**

SECTION 1 PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

1. _____ 2. _____ - _____ - _____
NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER
(As You Want It to Appear on license/permit)
(Work) (Home)
2. _____
MAILING ADDRESS: STREET CITY STATE ZIP TELEPHONE NUMBER
E-MAIL ADDRESS: _____
3. Has your certification or licensure in Kentucky or any other state ever been suspended or revoked? ____Yes ____No
If Yes, give details

4. Have you ever been convicted of a felony? ____Yes ____No If yes, what offense? _____
(Send supporting documentation)
5. Are you credentialed as a marriage and family therapist in any other state? _____ Where? _____
Title of credential _____
6. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position, from any professional training program, or from the program of any university? _____.
7. Do you hold clinical membership in the American Association for Marriage and Family Therapy? ____Yes ____No
(If yes, send verification)
8. Have you ever been sanctioned by AAMFT or by other professional associations for ethical misconduct? ____Yes
____No
9. Do you currently hold a Marriage and Family Therapist Associate Permit? ____ Yes ____ No If yes, permit # _____

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license/permit revoked by the Board.

DATE: _____ APPLICANT'S SIGNATURE _____
(Sign your name - Do not Print or Type)

SECTION 2 – PART A – EDUCATION

School	Name and Location	Dates Attended		Date of Graduation		No. Hours or Credits	Degrees Obtained
		From	To	Month	Year		
Under-Graduate							
Graduate							

SECTION 2 – PART B – EXPERIENCE

Begin with your present or most recent job and list fully and accurately the details of each job you have held relating to your professional experience. If you have additional sites of experience, please copy and complete this section. You must obtain a minimum of 1,000 client contact hours over the two-year qualifying period.

Employed From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ Title of Position: _____ Name of Employer: _____ Supervisor: _____	Describe Your Duties: _____ _____ _____ _____ Total Number of MFT Contact Hours: _____

Employed From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ Title of Position: _____ Name of Employer: _____ Supervisor: _____	Describe Your Duties: _____ _____ _____ _____ Total Number of MFT Contact Hours: _____

Employed From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ Title of Position: _____ Name of Employer: _____ Supervisor: _____	Describe Your Duties: _____ _____ _____ _____ Total Number of MFT Contact Hours: _____

Total MFT Direct Client Contact Hours: _____

**SECTION 2 – PART C – VERIFICATION OF CLINICAL SUPERVISION
(To Be Completed By Clinical Supervisor)**

A minimum of 200 hours of Clinical Supervision in marriage and family therapy is required.

Please be advised that the definition of an approved supervisor is found in 201 KAR 32:010 (3) *“Approved” means an individual who: (a) Holds a designation as an approved supervisor granted by the American Association for Marriage and Family Therapy; or (b) Is licensed as a Marriage and Family Therapy Therapist in the Commonwealth of Kentucky with a minimum of four (4) years experience in the practice of marriage and family therapy.*

CLINICAL SUPERVISOR'S NAME: _____

PROFESSIONAL CREDENTIALS: _____

SIGNATURE: _____

NUMBER OF HOURS CLINICAL SUPERVISION: _____ Dates Obtained: _____

TELEPHONE NUMBER (Days only): _____

ADDITIONAL SUPERVISOR (if applicable):

CLINICAL SUPERVISOR'S NAME: _____

PROFESSIONAL CREDENTIALS: _____

SIGNATURE: _____

NUMBER OF HOURS CLINICAL SUPERVISION: _____ Dates Obtained: _____

TELEPHONE NUMBER (Days only): _____

ADDITIONAL SUPERVISOR (if applicable):

CLINICAL SUPERVISOR'S NAME: _____

PROFESSIONAL CREDENTIALS: _____

SIGNATURE: _____

NUMBER OF HOURS CLINICAL SUPERVISION: _____ Dates Obtained: _____

TELEPHONE NUMBER (Days only): _____

Total Clinical Supervision Hours: _____

SECTION 3 – CURRICULUM GUIDELINES

MARRIAGE AND FAMILY STUDIES (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area should be a fundamental introduction to a wide variety of family structures and a diverse range of presenting issues (i.e. gender, cultural, substance abuse). Topic areas may include: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, etc.

Educational Institution	Course Number	Course Title (spell out)	Dates To/From	Credit Hours	Contact Hours

MARRIAGE AND FAMILY THERAPY (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area are intended to provide a substantive understanding of the major theories of marriage and family change and the applied practices evolving from each theoretical orientation. Major theoretical approaches might include: strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, and intergenerational family therapy, sex therapy, and related therapeutic approaches.

Educational Institution	Course Number	Course Title (spell out)	Dates To/From	Credit Hours	Contact Hours

HUMAN DEVELOPMENT (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span, which includes special issues that affect an individual's development (i.e. culture, gender, and human sexuality). Topic area may include: human development, child/adolescent development, personality theory, human sexuality, etc.

Educational Institution	Course Number	Course Title (spell out)	Dates To/From	Credit Hours	Contact Hours

PSYCHOPATHOLOGY/DSM (1 course minimum – 3 semester hours or 4 quarter or 45 didactic contact hours required): Courses in this area should cover psychopathology, diagnosis through use of DSM, or applications of DSM marriage and family therapy.

Educational Institution	Course Number	Course Title (spell out)	Dates To/From	Credit Hours	Contact Hours

SECTION 3 – CURRICULUM GUIDELINES (continued)

PROFESSIONAL STUDIES (1 course minimum – 3 semester hours or 4 quarter or 45 didactic contact hours required): Courses in this area are intended to contribute to the professional development of the therapist. Areas of study include the therapist's legal responsibilities, professional ethics as a marriage and family therapist, professional socialization, and the role of the professional organization, licensure or certification legislation, independent practice, and interprofessional cooperation.

Educational Institution	Course Number	Course Title (spell out)	Dates To/From	Credit Hours	Contact Hours

RESEARCH (1 course minimum – 3 semester hours or 4 quarter or 45 didactic contact hours required): Courses in this area should assist students in understanding and performing research. Topic areas may include: research methodology, quantitative methods and statistics.

Educational Institution	Course Number	Course Title (spell out)	Dates To/From	Credit Hours	Contact Hours

PRACTICUM/INTERNSHIP (Minimum 1 year, 300 hours of supervised direct client contact with individuals, couples, and families). Applicants who did not complete a clinical practicum may satisfy the practicum requirement by using their first 300 post-master's client contact hours under supervision. These hours will not be counted toward the two years of required experience or the 200 hours of supervision.

Educational Institution (Not Practicum Site)	Course Number	Supervisor(s)	Dates To/From	Total Number of Client Contact Hours